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PTO/SB/21 (08-00)

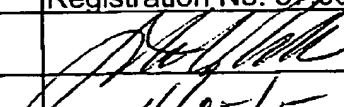
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/806,299
	Filing Date	03/22/2004
	First Named Inventor	GYOUNG IL CHO
	Group Art Unit	2873
	Examiner Name	
Total Number of Pages in This Submission	6	Attorney Docket Number 1802.03

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Attached Power of Attorney that revokes all previous Power of Attorney given in the above identified application.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	John K. Park Registration No. 37-904 Custom No. 29338
Signature	
Date	4/25/05

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APR 25 2005

PTO/SB/82 (09-04)  
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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/806,299
	Filing Date	03/22/2004
	First Named Inventor	GYOUNG IL CHO
	Art Unit	2873
	Examiner Name	
	Attorney Docket Number	1802.03

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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☒ The address associated with  
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29338

OR

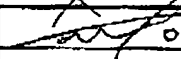
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	GYOUNG IL CHO		
Date	Apr. 22 2005	Telephone	714-525-7720

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1/3 forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/02 (09-04)

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**REVOCATION OF POWER OF  
 ATTORNEY WITH  
 NEW POWER OF ATTORNEY  
 AND  
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/806,299
Filing Date	03/22/2004
First Named Inventor	GYOUNG IL CHO
Art Unit	2873
Examiner Name	
Attorney Docket Number	1802.03

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 Individual Name

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Telephone

Fax

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

DONG WOO GIM

Date

4/22/05

Telephone

714-525-7720

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2/5 forms are submitted.

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PTO/SB/02 (09-04)

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**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/806,299
Filing Date	03/22/2004
First Named Inventor	GYOUNG IL CHO
Art Unit	2873
Examiner Name	
Attorney Docket Number	1802.03

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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29338

OR

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Address			
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Cheong Soo Seo</i>		
Name	CHEONG SOO SEO		
Date	April 22, 2005	Telephone	714-525-7720

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 3/5 forms are submitted.

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PTO/SB/62 (02-04)

<b>REVOCACTION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/806299
	Filing Date	03/22/2004
	First Named Inventor	GYOUNG IL CHO
	Art Unit	2873
	Examiner Name	
	Attorney Docket Number	1802.03

I hereby revoke all previous powers of attorney given in the above-identified application.

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29338

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

JAMES GREENUP BOYD

Date

04-22-05

Telephone

714-525-7720

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4/5 forms are submitted.

This collection of information is required by 37 CFR 1.55. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including searching, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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PTO/SB/02 (09-04)

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AND  
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Application Number	10/806,299
Filing Date	03/22/2004
First Named Inventor	GYOUNG IL CHIO
Art Unit	2873
Examiner Name	
Attorney Docket Number	1802.03

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

SANG HYUNE BAEK

Date

April, 22 2005

Telephone

714-525-7720

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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